

NEWSLETTER

Advancing Science & Health

SRNT and the Decade of Behavior

Neil E. Grunberg & Virginia O'Donoghue Minich

The Decade of Behavior officially began in September 2000, on Capitol Hill in Washington, D.C. Organizers designed this initiative to bring existing and potential knowledge in addition to contributions of social and behavioral sciences to the attention of the public, policy makers, funding sources, and the broad scientific community. The "Decade" initially received a modest amount of personnel support from the American Psychological Association to launch this program. It is gaining momentum and now is a consortium of more than 60 scientific and professional organizations (including SRNT since the beginning of 2002) that have indicated their interest to support and promote the programs and activities of the "Decade." Members of the "Decade" categorized activities into one of five main themes: Improving Health, Increasing Safety, Improving Education, Increasing Prosperity, and Promoting Democracy. Clearly, the first theme is consistent with the interests and activities of SRNT members. In addition, some of our activities and interests are consistent with other themes.

To date, the "Decade" has sponsored informational seminars for government officials and members of the media to provide briefings about current research and the importance of the behavioral and social sciences. In addition, the "Decade" began an Exploring Behavior Week in October 2001, to bring information to secondary school students. Members hope to make this an annual and expanded event, similar to the Brain Awareness Week developed during the "Decade of the Brain" in the 1990s. There also are public lectures at the Smithsonian Institution about behavioral and social science. A public television series, "Human Behavior: The Inner Frontier," is also in the works. For the scientific community, a Distinguished Lecture Program provides financial support to encourage cross-disciplinary communication. Specifically, this will allow a prominent behavioral or social scientist to attend and lecture at a meeting they would not otherwise attend. In addition, the "Decade" has developed a no-cost web search tool, called FundSource, to search funding sources (See www.decadeofbehavior.org).

A panel of 16 distinguished scientists serves as the National Advisory Committee for the "Decade" to set its overall agenda. In addition, there is a Council of Federal Liaisons that includes government agencies and groups interested in the activities of the "Decade," including the Directors of many NIH institutes, the National Science Foundation, CDC, NASA, and others. Each endorsing organization has a representative to serve as liaison to participating organizations and to provide input regarding the programs and activities. There is also a coordinating committee of about a dozen of the representatives to develop new initiatives. Neil Grunberg is the SRNT representative to the Decade and a member of the Coordinating Committee. Recently, he recommended the development of a museum exhibit to reflect the "Decade" and to be analogous to the Brain Exhibit developed for the Smithsonian Institution by the Decade of the Brain program. To reward this recommendation, other representatives appointed Neil as chair of the Museum Development Working Group. This museum exhibit may take years to develop, will be on display at the Smithsonian, and then will travel around the United States.

SRNT and its members can learn more about the "Decade" by visiting its web site. In addition, we can use the FundSource website, apply for a Distinguished Lecturer support for our annual meetings, contribute ideas and activities for the Exploring Behavior week program, make presentations to government officials, and initiate additional programs consistent with the "Decade" themes. If you are interested in learning more about this program or in participating, please visit the website or contact Neil Grunberg at N.Grunberg@usuhs.mil.

I have been giving considerable thought to my role, responsibilities, and opportunities as president of this Society. I recognize that SRNT is fundamentally a scientific organization devoted to advancing research and not an advocacy organization. Certainly, I have been a researcher primarily, and only secondarily, an advocate for policy change. However, I also have been somewhat radicalized over the course of my career. Since my move to public health from psychology, I have come to see the tobacco industry as a "disease vector." Present estimates are that between three and four million people worldwide die each year from tobacco-related disease and that this number will increase to 10 million per year as soon as 2020. The majority of this burden will occur in the developing world.

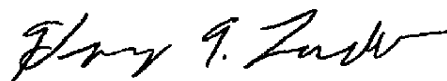
Faced with this public health crisis, I feel strongly that we as a Society have a critical responsibility to do what we can to work to reduce the toll of death and disease internationally. We describe ourselves as covering all areas of tobacco research from cells to society and all areas have relevance in addressing the public health burden. What can and should we do as an organization that has as its key mission sponsoring scientific meetings and publications, encouraging scientific research, and providing the means by which various agencies can obtain expert advice and consultation on tobacco-related issues?

Without question, SRNT has an impressive record of accomplishments to date. Our visibility and impact have been considerably greater than what we might reasonably expect for an organization of our size. However, I would now challenge the Society to increase its emphasis on addressing the worldwide tobacco epidemic from a multidisciplinary research perspective. Clearly, the time is right. The Fogarty International Center in collaboration with several NIH Institutes is about to fund a number of grant applications received in response to the Request for Applications entitled "International Tobacco and Health Research and Capacity Building Program."

The RFA noted the magnitude of the devastation caused by tobacco and the very limited research to date in low- and middle-income nations. The goal of the RFA was in part to solicit applications for hypothesis-testing and hypothesis-generating studies. Consistent with the role and purpose of SRNT, the RFA specifically encouraged transdisciplinary research. Furthermore, research objectives were broadly defined and included epidemiology and surveillance, susceptibility and risk, biobehavioral and social research, intervention, and policy-related research. Significantly, the RFA also placed emphasis on strengthening capacity and infrastructure within low- and middle-income countries including research training of faculty.

SRNT investigators, many of them newer faculty, were very well represented among the RFA applicants and will in all likelihood be very well represented among the grantees. Furthermore, SRNT as an organization is in a unique position to support the objectives of the RFA including building of international collaborations and partnerships. As I noted in my previous column, we will be holding a one-day meeting in New Orleans February 19, 2003 focused on international research and capacity building. In addition, the SRNT program itself will center on a variety of themes, including international issues and topics of basic, clinical, and public health sciences.

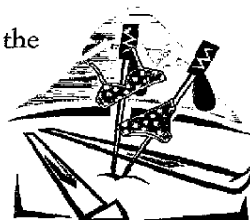
I am pleased to announce plans to hold the initial meeting of the International Tobacco RFA grantees in conjunction with SRNT. This will further enhance the international perspective of the conference and will facilitate networking among investigators from developed and developing countries. It should in addition increase awareness of SRNT as a major global resource. Although the anticipated worldwide tobacco epidemic at times appears overwhelming, I truly believe that SRNT can make a difference and again I issue this as a challenge to our membership. More details on the conference theme and program will follow. Please plan to attend the one-day global meeting on February 19 in addition to the SRNT conference itself.



FROM THE EDITOR

Hello Everyone!

Welcome to the Summer/Winter issue of the SRNT Newsletter. Am I confused about the seasons? The answer is yes and no. My extremely helpful predecessor, Janet Brigham, pointed out that I was slighting our Southern Hemisphere members by using Northern Hemisphere-specific seasonal names for the Newsletter. Therefore, we will now be renaming the issues according to months. This is the June/July issue, which attests to the fact that I've been totally over-committed for the last several months and have not been as timely as I should with the Newsletter. Mea maxima culpa!



My heartfelt thanks go out to the many members who submitted highlights, publications, photos, and articles. We greatly appreciate your input. It's what makes my job so pleasant, and this Newsletter so interesting. Special thanks go to Neil Grunberg, Virginia O'Donoghue Minich, Harry Lando, and Ed Lichtenstein, for taking time out of their busy schedules to write articles for this issue, and to Erika Westling and Christine Cody for their invaluable assistance with editing and production on top of taking classes, doing research, and working full-time! And finally, thanks to all of you who have sent comments (both positive and "constructive") over the last three months. We value your input!

As always, I welcome your suggestions, contributions, comments, letters, and feedback on both content and format. Please do not hesitate to contact me at Judith@ori.org or by more traditional methods.

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Smoke in Their Eyes by Michael Pertschuk, Vanderbilt University Press, 2001

Reviewed by Edward Lichtenstein

Mike Pertschuk has written an absorbing account of the events leading up to the narrow defeat in the Senate in 1998 of the McCain Comprehensive Tobacco Control Bill. The story is told largely through the eyes of Matt Myers, the experienced tobacco control advocate who was invited by the Tobacco Industry to engage in negotiations aimed at developing federal legislation that would grant the major demands of the public health community in return for limiting the Industry's legal liability.

Pertschuk acknowledges there were several causes for the failure of the McCain Bill. It fell only three votes shy of the 60 needed to close debate and force a vote that would have led to passage—not the least of which was the Tobacco Industry's huge investment in lobbying. However, his focus is primarily on what he sees as the self-destructive role of the Tobacco Control Movement itself; the Movement could not agree on how much, if any, liability protection they could offer to the Tobacco Industry. The book's subtitle—Lessons In Movement Leadership from The Tobacco Wars—signals the author's broader aim of increasing understanding of the inherent tensions and dynamics of grassroots movements especially in defining acceptable outcomes and compromises.

The book was absorbing because of the inherent drama of the negotiations, the huge stakes involved, the author's lucid writing and insights, and because, like many SRNT members, I knew, or knew of, many of the protagonists. Pertschuk tells the tale in chronological fashion, organized into four sections: leading toward settlement, the settlement, the rise and fall of the McCain Bill, and, lessons of the settlement and its aftermath. The author attempts to portray the actions and motivations of the various factions and players in objective, even sympathetic, terms. He acknowledges the useful roles of both pragmatists and firebrands in advocacy movements. In the last chapter, he offers a scenario within which the players could have integrated the two approaches, that of good cop and bad cop. Unfortunately, they did not.

Pertschuk, like his protagonist, Matt Myers, is clearly a pragmatist and sees the defeat of the McCain Bill as a failure and a huge lost opportunity for the public health community. He believes the failure was primarily due to the factionalism and divisiveness within the Tobacco Control Movement. He perceives that the Movement lost much of its momentum, and especially its political clout, in the ensuing years. However, he acknowledges that many who were opposed to the McCain Bill believe that the Movement is best served by the accrual of smaller political gains at the state and local levels and by punishing the Tobacco Industry in the courtroom. No doubt, there are enough of these small wins to comfort many in the Tobacco Control Movement.

In the book's epilogue, Pertschuk expresses a regret that resonated with my own; that he had stood on the sidelines as an observer rather than becoming engaged. As an organization, SRNT is limited in its approach to political issues; we can inform and educate but not advocate. As individuals, however, we can advocate. During the events described in this book, the firebrands were more successful in framing the issues and necessary decisions than were the pragmatists. I believe this was due, in part, because many pragmatists like me (and perhaps other SRNT members) stayed on the sidelines. Can the Tobacco Control Movement do better at the national level in the future? Will we ever get another opportunity?

The *Open Society Institute's Public Health Tobacco Control Program* is promoting tobacco control activities by sponsoring six policy fellowships in 2003. Promoting the successful adoption of national tobacco control policies in Central and Eastern Europe and the former Soviet Union will require confronting many challenges which include tobacco industry's misinformation and lobbying tactics; national governments' lack of access to effectively presented relevant policy research; and a relatively weak tobacco control non-governmental organization movement with limited expertise in advocacy techniques.

Three fellowships will support analytical applied research on the economics of tobacco. Economic issues include: price policy, cost effectiveness analysis, smuggling, impact of tobacco and tobacco control on employment, tobacco use and poverty and demand for tobacco. The Society will chose three fellows to conduct practical political mapping and advocacy strategy development in tobacco control. Political mapping is a form of political analysis that seeks to gain critical insights to the sources and locus of political support and resistance to desired policies, to identify promising entry points to the policy making process, bureaucratic and political obstacles, active supporters and opponents, existing and potential tobacco control advocacy coalitions and networks of advocates. A systematic mapping of this information will enable fellows, in collaboration with other advocates, to help develop a detailed strategy for tobacco control advocacy in the region. Applicants should clearly indicate on their application whether they are applying for an applied research fellowship or a political mapping/advocacy fellowship.

All six fellows will constitute a working group. Researchers and analysts will work together with assistance from mentors who are internationally recognized experts in tobacco control issues to bring evidence and research to policy makers. OSI is particularly interested in supporting joint applications from teams of one researcher and one policy analyst. Please clearly indicate on your proposal if you are submitting a joint application with another person.

Fellows may not accept during the fellowship year—or have accepted in the past—any funding or support from tobacco industry sources. Applications for the fellowships can be found on the Open Society Institute's International Policy Fellowship website (<http://www.osi.hu/ipf/>). Applications are due in English by **Tuesday, August 1, 2002.**

SRNT IN NEW ORLEANS!

Mark your calendars for SRNT's Ninth Annual Meeting, February 19-22, 2003 at the Sheraton New Orleans Hotel in New Orleans, Louisiana. The deadline for the Call for Abstracts is Friday, September 6, 2002. Information on abstract submissions will be available on SRNT's website: <http://www.srnt.org> in July.

SRNT's Annual Meeting is the premier event for professionals in the field of nicotine and tobacco research and education. This scientific meeting brings together an international group of basic, clinical, and public health scientists from academia, government, and industry. The program will include invited addresses by leaders in the field, state-of-the-science symposia, oral presentations, roundtable discussions, and a new investigator paper session.

Make your plans to join us in New Orleans for the most current science from the nicotine and tobacco research community. For more information on the Annual Meeting, contact the National Office at 608-836-3787, ext. 144 or visit our website at <http://www.srnt.org>.

SRNT GLOBAL NETWORK AWARDS FOR OCTOBER 2002

Ovide Pomerleau has announced the continuation of the SRNT Global Network Awards program sponsored by the National Cancer Institute of the US. The goal of this initiative is to foster international research involving nicotine, tobacco control, or related public health issues and to facilitate the creation of regional affiliates of SRNT in various countries around the world. Since the objective is to stimulate activity in regions of the world with less developed nicotine and tobacco control research, applicants must reside in an economically developing country in order to qualify. The panel will give priority to those trying to organize new research societies in their area or representing existing organizations attempting to meet formal requirements for SRNT regional affiliate status. This round anticipates the SRNT-Europe meeting in Santander, Spain, October 3-5, 2002 (for more info about this meeting, see <http://www.srnt.org>).

Awards will support two kinds of activities. The first are the *Local Organization Awards*. There will be 4 awards of up to 500 USD for organizers attempting to set up regional networks to exchange research information on nicotine effects and tobacco use; permitted expenses for local organizing include copying costs, telephone conferencing, conference space rental, etc. One award has been announced, **Dr. Raluca Mihaescu**, Postgraduate Fellow, Pulmonary Diseases Clinic, Iasi, Romania.

The second are the *SRNT Travel Awards*. There will be four awards of 2500 USD (maximum) to allow scientists and clinicians to attend the SRNT-Europe meeting in Santander, Spain, in order (a) to gain information about SRNT as an organizational model, (b) to be exposed to state-of-the-art research on nicotine and tobacco, and (c) to obtain support from colleagues with similar objectives and interests around the world. The special subcommittee of the Global Network Committee met the first week of July and announced the four award winners. They are: **Dr. Sameer Malhotra**, Assistant Professor, Drug Dependence Treatment Centre, Department of Psychiatry, All India Institute of Medical Sciences, New Delhi, India; **Dr. Lenora C. Fernandez**, Clinical Associate Professor, Pulmonary Laboratory, Department of Medicine, Philippine General Hospital, Taft Avenue, Manila, Philippines; **Dr. João Carlos Dias Da Silva, M.D.**, Chair of the Chemical Dependence Section of the Brazilian Association of Psychiatry, Rio de Janeiro, Brazil; **Dr. Samer Jabbour**, Clinical Instructor of Medicine & Assistant Professor of Public Health, Faculties of Medicine & Health Sciences, American University of Beirut (AUB), Beirut, Lebanon.

MEMBERS IN THE SPOTLIGHT

Jasjit S. Ahluwalia, MD, MPH, MS, Chair of the Department of Preventive Medicine at Kansas University Medical Center, was promoted to Professor in the Department of Preventive Medicine.

Belinda Borrelli, will be the Principal Investigator on a new grant awarded from Rhode Island Department of Health: "Translating Research into Real World: Using Home Health Care as a Channel for Smoking Cessation."

Cristine Delnevo received a two-year pilot study grant for \$40,000 from the Association of Schools of Public Health/Legacy STEP UP Project to study Youth Access to Bidi Cigarettes in New Jersey.

Eric T. Moolchan, M.D. is the recipient of the 2002 NIH Director's Award submitted by NIDA. Dr. Moolchan is an Investigator in the Clinical Pharmacology and Therapeutics Research Branch at NIDA, Intramural Research Program in Baltimore, MD. Recognizing the need for high quality data on tobacco cessation for youth and in collaboration with other NIDA investigators, he founded the first NIH intramural cessation program, the Teen Tobacco Addiction Treatment Research Clinic (TTATRC), which serves as both a scientific and public health resource. Dr. Moolchan's research focuses primarily on tobacco and nicotine and secondarily on other drugs of abuse (cocaine, opioids).

William Riley, Ph.D., Director of Research at PICS, Inc., received 10 SBIR grant awards from various institutes of NIH in 2001, primarily in the smoking cessation area. Funded projects include work in computerized smoking reduction, automated phone contacts for longitudinal smoking assessment, scheduled dosing of nicotine nasal spray, and a wireless web-enabled phone intervention for smoking cessation.

Larry Williams is going to have a busy summer. He will be making a presentation of primary care tobacco cessation for general dentists at this year's Academy of General Dentistry annual meeting in Hawaii. (A tough assignment, but someone has to do it!) He will also be a featured speaker at this year's National Dental Association annual meeting in Dallas, Texas, where he will discuss the oral implications of tobacco use and how general dentists can help their patients quit. Through the year, Larry will be working with the Tobacco Etiology Research Network and the Research Triangle Institute to develop a program to investigate tobacco use behaviors among young adults. If you would like information about his work, write to Larry at lnwilliams@ameritech.net.

Four SRNT members were among the eight tobacco researchers who recently received Dr. William Cahan Distinguished Professor Awards from The Flight Attendant Medical Research Institute (FAMRI). The grantees are:

David M. Burns, M.D. University of California, San Diego, to investigate the role of restrictions on smoking in the work place, on the development of restrictions on smoking in the home, and to explore the influence of smoking restrictions in both locations on smoking behavior.

Ronald M. Davis, M.D. Henry Ford Health System, Detroit, Michigan, to allow for work in tobacco control at the local, state, and national levels to improve the effectiveness of smoking cessation activities at the Henry Ford Health System.

Stephen S. Hecht, Ph.D., University of Minnesota, Minneapolis, to research biomarkers of tobacco-specific carcinogen uptake.

Nancy Rigotti, M.D. Massachusetts General Hospital, Boston, Massachusetts, to seed the medical community with new well-trained, highly-motivated physician scientist/advocates in tobacco control and advance knowledge about the patterns and determinants of tobacco use in young adults and the effect of proposed tobacco control policy interventions to reduce this use.

FAMRI's mission is to sponsor scientific and medical research for the early detection, prevention, treatment, and cure of diseases and medical conditions caused by exposure to tobacco smoke. FAMRI does not support individuals who receive funds from the tobacco industry nor does it support animal research. They name this award for the late Dr. William Cahan, a surgeon at Memorial Sloan-Kettering Cancer Center for over 50 years and a pioneer in the national movement to fight the health hazards of tobacco and secondhand smoke. For more information about FAMRI, their history, Dr. Cahan, and the other award grantees, visit the FAMRI website: <http://www.famri.org>

UPCOMING EVENTS

MEETINGS/CONFERENCES

Seventh Int'l Congress of Behavioral Medicine. Aug. 28-31, 2002, Helsinki. The congress will present research on understanding the basic mechanisms involved in promoting health or increasing risk of disease, as well as clinical intervention, rehabilitation, disease prevention, health promotion. Abstracts due May 19. See www.psy.miami.edu/isbm/ or www.icbm2002.com.

Third Annual Int'l Conference on Smokeless Tobacco. Sept. 22-25, 2002, Stockholm. The purpose of the conference is to update information on global use, health effects, prevention, and control for use at the 2003 world conference on Tobacco OR Health and for special initiatives related to ST use. Pre-registration 4/1 to 8/16. Visit the conference website at www.masimax.com/ISTC/welcome.htm, or contact Mark Adams at madams@masimax.com.

World Assembly on Tobacco Counters Health. Sept. 29-Oct. 3, 2002, New Delhi. Website: www.watch-2000.org.

Fourth European Conference of SRNT Santander, Spain, October 3-5, 2002. Round table discussions, symposia, and debates of the most recent research findings and current issues in treatment, legislation, basic science, prevention, approaches to special populations, and harm reduction. Leading international experts in each field will provide a summary of the current state of knowledge and lead a discussion of existing controversies. Santander is an elegant seaside city in Northern Spain. The Palacio de la Magdalena, is a beautiful 19th Century palace built as a summer residence for King Alfonso XIII. Santander is close to some excellent golf courses, and numerous notable sites, including the famous Altamira caves. Don't miss this exciting event. **Contact details:** web: www.aforosl.com/4ec-srnt. E-mail: info@aforosl.com Tel: +34 -942-23 06 27. Fax: +34 -942-23 10 58.

Duke University Medical Center is sponsoring its **Eighth Annual Duke Nicotine Research Conference**, at the Durham Marriott at the Civic Center, Durham, NC on Wednesday, October 30, 2002. This year's theme is "Nicotinic Interactions with GABA and Glutamate Systems: The Yin and Yang of Nicotinic Actions. For details contact Patn Stevens at 919-416-1174 or steve024@mc.duke.edu or see <http://psychiatry.mc.duke.edu/nicotinereasear/Conf.html>.

The next meeting of the **American Academy of Health Behavior** is March 16-19, 2003 in St Augustine, Florida. Get hotel and registration forms at www.aahb.org.

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UPCOMING EVENTS (CONTINUED)

Eight-Day Tobacco Dependence Treatment Specialist Training

October 14, 15, 16, 17, 18, 21, 28, 29, 2002

February 3, 4, 5, 6, 7, 11, 18, 25, 2003.

The Tobacco Dependence Program has developed this training for professionals who work at NJ Quitcenters, along with professionals from other organizations throughout New Jersey and the country. *Out-of-state participants may sign-up for the first 5 days, which consists of the core curriculum. Participants will gain state-of-the-art treatment techniques from the Tobacco Dependence Program's team of trainers. Topics include: The History of Tobacco and Public Health Issues; Guidelines for Treatment; Medical Complications Caused by Tobacco and ETS; Biology of the Brain, Addiction and Tobacco Dependence; Nicotine Replacement Therapy and Other Pharmacological Treatments; Counseling Theory and Practice; Motivational Interviewing; Treatment Continuum and Key Strategies; Intake, Assessment and Treatment Planning; Group Counseling Skills; Working with Special Populations and Cultural Competency. This training is part of New Jersey's Comprehensive Tobacco Control Program and supported by a grant from the New Jersey Dept. of Health and Senior Services, with funds from the Tobacco Master Settlement Agreement. Please contact Nancy Speelman at 732-235-8212 or email nancy.speelman@umdnj.edu if you have any further questions. Log onto our website www.tobaccoprogram.org for other training information. 317 George Street, Suite 210, New Brunswick, New Jersey 08901-2008. Phone: 732-235-8212. Fax: 732-235-8297.



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Mayo Clinic Nicotine Dependence Seminar, Rochester, MN. The School of Continuing Medical Education will present the Fall Session of their Nicotine Dependence Seminar: Counselor Training & Program Development November 3-6, 2002. Complete your registration by calling 800-344-5984 (Mayo CME office). For information, see the Mayo Clinic Website at www.mayo.edu/cme/.

AT A GLANCE: TOBACCO/NICOTINE SCIENTIFIC MEETINGS 2002

Some meetings may be restricted. Listing is not an endorsement by SRNT

Date	Place	Event	Contact/Information
2002			
August 28-31	Helsinki, Finland	International Conference on Behavioral Medicine	www.icbm2002.com
September 22-25	Stockholm, Sweden	Third International Conference on Smokeless Tobacco	www.masimax.com/ISTCCwelcome.htm
September 29-Oct 3	New Delhi, India	Second World Assembly on Tobacco Counters Health	www.watch-2000.org
October 4-5	Santander, Spain	European SRNT	k.fagerstrom@swipenet.se
October 28-30	Essen, Germany	International Society for the Prevention of Tobacco-Induced Diseases	www.ptid2002.info
November 2-7	Orlando, FL, USA	Society Neuroscience	www.sfn.org
November 19-21	San Francisco, CA, USA	2002 National Conference on Tobacco or Health	www.tobaccocontrolconference.org
December 12-15	Las Vegas, NV, USA	American Academy Addiction Psychiatry	www.aaap.org
2003			
February 19-22	New Orleans, LA, USA	SRNT Annual Meeting	www.srnt.org
March 16-19	St. Augustine, FL, USA	American Academy on Health Behavior	www.aahb.org
August 3-8	Helsinki, Finland	World Conference on Tobacco or Health	www.wctoh.org

The process used to select recent member publications consists of multiple data base searches for publications with SRNT members listed as first author. This list is neither exhaustive nor comprehensive, nor does it imply endorsement by the Society.

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POST DOCTORAL

POSITION IN HUMAN BEHAVIORAL PHARMACOLOGY OF NICOTINE, UNIVERSITY OF PITTSBURGH

Ongoing NIDA-supported projects include environmental modulation of nicotine discrimination, sex differences in influences on tobacco self-administration, and individual differences associated with sensitivity to nicotine, including genetic and personality factors. Applicants also interested in clinical research may become involved in smoking cessation studies.

If interested, send CV and letter of interest to Dr. Perkins at: Kenneth A. Perkins, Ph.D., Dept. of Psychiatry, University of Pittsburgh Medical Center, 3811 O'Hara Street, Pittsburgh, PA 15213. Phone 412-624-1716, fax 624-6018, email perkinska@msx.upmc.edu.

RESEARCH POSITION, UNIVERSITY OF VERMONT. A two- to three-year NIDA institutional training grant postdoctoral position at the University of Vermont to work with John Hughes, M.D. is available beginning July-Nov 02. The major focus will be smoking reduction among smokers not interested in quitting and "safer" cigarettes/nicotine products. The post-doc will also interact with Drs Bickel, Budney, Flynn, Higgins, and March, as well as with three other post-docs and four psychology graduate students supported by our training grant, all doing research in alcohol, cocaine, nicotine, marijuana and opioid effects or use. Position will be filled when qualified applicant accepts. For more info, email or call Dr. Hughes or go to www.uvm.edu/~hbpl. If interested, send cover letter and vita via email to Dr. Hughes: John R. Hughes, M.D., Professor, Department of Psychiatry, University of Vermont, 38 Fletcher Place, Burlington, VT 05401-1419. Phone (802) 656-9610, fax (802) 656-9628, email john.hughes@uvm.edu.

PROFESSOR

THE UNIVERSITY OF MEDICINE AND DENTISTRY NEW JERSEY (UMDNJ) - SCHOOL OF PUBLIC HEALTH, TOBACCO SURVEILLANCE, AND EVALUATION RESEARCH PROGRAM (TSERP) seeks a faculty member with a PhD, ScD, or DrPH in Epidemiology or a related public health discipline (e.g., health behaviors) with strong quantitative skills. The primary responsibility will be to lead a study on adult tobacco use and cessation in New Jersey, including design, analysis, and reporting. Opportunities exist to actively participate in all aspects of the research program and to closely collaborate with other faculty, data analysts, research coordinators, and graduate students. Requires demonstrated potential to lead and conduct independent research, excellent writing, and verbal communication skills, with the ability to handle multiple projects and/or responsibilities simultaneously. Experience with major statistical programs (SAS, SPSS) needed.

Candidates with background and experience in tobacco are strongly preferred. The ideal candidate will possess a commitment to excellence in surveillance, and evaluation and the ability to support an active research program. Experience with SUDAAN software a plus. The faculty member will hold a joint appointment, with a primary appointment in the UMDNJ-School of Public Health and a secondary appointment at Robert Wood Johnson Medical School. Salary and rank are commensurate with experience. If interested fax or mail a cover letter and CV to: Cristine Delnevo, PhD, MPH, Chair, Search Committee, UMDNJ - School of Public Health, 335 George Street, Suite 2200, PO Box 2688, New Brunswick, NJ 08903-2688, Fax: 732-235-9777. UMDNJ is an AA/EOE, M/F/D/V. For more information, please visit www.umdj.edu/hrweb.

SCIENTIST

BEHAVIORAL SCIENTIST IN CANCER PREVENTION & CONTROL, MAYO CLINIC, ROCHESTER, MN

The Mayo Clinic Cancer Center announces a search for a behavioral scientist with research interests in cancer prevention and control. This is a career scientist position (equivalent to tenure track) and includes a generous start-up package and benefits. The successful candidate will be eligible for an academic appointment in the Department of Psychiatry and Psychology, and will be organizationally affiliated as a member of the Mayo Clinic Cancer Center. Although clinical responsibilities are possible, the primary expectation is that the successful candidate will be devoted full-time to research. The successful candidate is expected to develop a behavioral research program in the area of cancer prevention and control, and complement ongoing or developing programs in nicotine dependence, psychosocial oncology, and/or cancer epidemiology. The candidate is expected to be, or will have the potential to become, an established investigator with successful extramural research funding. The candidate will also have the opportunity to work collaboratively with members of the Mayo Clinic Cancer Center and to supervise research fellows in the Department of Psychiatry and Psychology.

At Mayo Clinic, many opportunities exist for interdisciplinary and collaborative work. In particular, investigators in the Departments of Psychiatry and Psychology, Oncology, Medicine, & Health Sciences Research have interests in cancer prevention and control. The Mayo Clinic is well regarded for its research through established resources such as the North

Central Cancer Treatment Group, the Community Clinical Oncology Program, the Rochester Epidemiology Project, and the Nicotine Research Center. The Mayo Foundation provides extensive infrastructure support for patient oriented research, including strong biostatistical and analytic resources, as well as competitive intramural research funding. For further information, please contact the Chair of the Search Committee. By September 1, 2002, please submit a curriculum vitae, a statement of research plans, and the names of three references to: Gloria M. Petersen, Ph.D., Chair of the Search Committee, Mayo Clinic Cancer Center, 200 First St. SW, Rochester, MN 55905. Phone: (507) 538-1563; email: peterg@mayo.edu. Mayo Clinic is an equal opportunity employer and encourages expressions of interest from women and minorities.

NEUROPHARMACOLOGY RESEARCH GROUP, UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO seeking a highly motivated individual to take a lead role in a multidisciplinary research program aimed at understanding peripheral mechanisms of pain and analgesia, especially with respect to nicotinic cholinergic systems. This federally funded position is available immediately and comes with full benefits and an attractive salary based on experience and industry standards. Applicants shall possess a Ph.D. in Pharmacology, Neuroscience or a related field. Expertise in whole animal behavioral pharmacology, cell and tissue culture procedures and/or in situ hybridization and immunohistochemical analyses is preferred but not necessary and will be part of the training received.

Interested individuals should send a cover letter and curriculum vitae, including the names and contact information of three references to: Dr. Christopher M. Flores, Director, Research Division, The University of Texas Health Science Center at San Antonio, Department of Endodontics, MSC 7892, 7703 Floyd Curl Drive, San Antonio, TX 78229-3900. Email: florescm@uthscsa.edu. UTHSCSA is an EO Employer.

POST RESIDENT

ADDICTION PSYCHIATRY FELLOWSHIP, CHELSEA ARBOR TREATMENT CENTER, UNIVERSITY OF MICHIGAN. One of two positions available, this is a one-year, post-residency, clinical training program for psychiatrists interested in addiction psychiatry. The Accreditation Council for Graduate Medical Education has accredited the program. Successful completion of the one-year clinical track qualifies psychiatrists to apply for subspecialty certification in addiction psychiatry from the American Board of Psychiatry and Neurology. Qualified applicants will have completed (before starting the fellowship) an accredited psychiatry residency in the U.S. and have passed USMLE I, II, and III. Applicants with J1 visas are welcome to apply.

The major clinical sites for training are Chelsea Arbor Treatment Center (CATC) & Ann Arbor V.A. Medical Center (VAMC). Chelsea Arbor is a joint program of the University of Michigan Medical Center & Chelsea Community Hospital, located in Ann Arbor. Includes a broad range of treatment care levels (inpatient, day treatment, intensive outpatient, outpatient, and emergency), treatment modalities (milieu, educational, relapse prevention, 12-step facilitation, motivational therapy, interactional group therapy, family therapy, and pharmacotherapy), and treatment populations (dual diagnosis, adolescents, older adults, indigent, and socially stable). Fellows also participate in a structured didactic program, which includes seminars, conferences, and grand rounds. Two hours of individual supervision provided weekly.

CLINICAL RESEARCH FELLOWSHIP IN ALCOHOLISM, CHELSEA ARBOR TREATMENT CENTER. This is the second of two positions is available. It is a two-year post-residency program for physicians in any specialty, including psychiatry, who are interested in an academic or clinical research career in the alcoholism field. The NIAAA-funded program (T32 training grant) is administered conjointly with the University of Michigan Alcohol Research Center. Qualified applicants will have completed (before starting the fellowship) an accredited residency program in the U.S. and have passed USMLE I, II, and III. Applicants must either be citizens or have permanent residency with an Alien Registration Receipt Card (1-151 or 1-551) when appointed, by NIH regulations. Applicants with J1 visas are not eligible.

The Research Track prepares physicians for a career in alcoholism research. Fellows can participate in one of several ongoing projects at the University of Michigan Alcohol Research, including pharmacotherapy of alcohol dependence (with and without comorbid psychiatric and drug use disorders), neuroimaging (PET & MRI scanning) correlates of alcoholism, effects of chronic alcoholism on sleep physiology, a longitudinal family study of the etiology of alcoholism, and treatment outcome studies. Fellows also take coursework and/or receive supervision in elements of research design, biostatistics, research ethics, computerized database and statistical programs, writing research protocols, grant writing, and publishing.

If interested in either position, contact Maher Karam-Hage, MD, Medical Director & Director of Medical Ed., Chelsea Arbor Treatment Ctr., University of Michigan, 900 Victors Way, Suite #310, Ann Arbor 48108. Phone 734-930-0201 x. 16, fax: 734-930-0727, email maherakh@umich.edu.

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